

**IMPORTANT NOTICE:** Completion of this form is necessary for consideration for licensure under 225 ILCS 446/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

## CERTIFICATE OF INSURANCE

SUPPORTING DOCUMENT

**DE-INS**

**APPLICANT:** Complete the applicant section of this form, then have your authorized insurance agent complete the remainder of the form. The completed form must be submitted WITH your application for licensure or renewal form. Insurance must be in the name of the individual license holder. The comprehensive, commercial general liability insurance must be in the name of the individual licensee.

1. NAME OF INSURED (must be exactly as it appears on application, renewal form of individual license.)  George Bish / Ring Protect Inc.	2. DATE OF BIRTH	3. SOCIAL SECURITY NUMBER
[REDACTED]		
4. ADDRESS STREET, CITY, STATE, ZIP CODE (specific address as noted on license)	Month	Day
[REDACTED]	Year	
5. MAIDEN OR GIVEN SURNAME	S. NEW APPLICANTS ONLY	
REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application.		
Private Alarm Contractor		1    2    4
6. TELEPHONE NUMBER (where you can be reached during the day-time)	Profession Name	Profession Code
Area Code ( <u>7</u> <u>0</u> <u>4</u> ) <u>7</u> <u>8</u> <u>4</u> - <u>4</u> <u>7</u> <u>7</u> <u>6</u>	115. 119. 124. 001917 191-	

Under penalties of perjury, I declare that I have examined the policy and this completed form and to the best of my knowledge, the statement is true, correct, and complete.

*6/1/17*

Date

Signature of Applicant/Licensee

<b>INSURANCE COMPANY/INSURANCE PRODUCER:</b> Complete the following information and return the form to the applicant licensed under the Private Detective, Private Alarm, Private Security, Fingerprint Vendor, and Locksmith Act.		
A. NAME OF INSURANCE COMPANY  Travelers Property Casualty Co. of America	B. NAME OF AUTHORIZED AGENCY/PRODUCER  JLT Specialty USA / Ramy Morcos	
C. INSURANCE COMPANY HOME ADDRESS: STREET, CITY, STATE, ZIP CODE  One Towe Square, Hartford, CT 06183	D. NAME AND ADDRESS OF AGENT'S BUSINESS: STREET, CITY, STATE, ZIP CODE  555 W. Fifth Street, Suite 670, Los Angeles CA 90013	
E. INSURED'S POLICY NUMBER  [REDACTED]	F. TITLE OR TYPE OF POLICY  Commercial Package (Property & General Liability)	
G. AGENT'S BUSINESS TELEPHONE NUMBER  Area Code ( <u>2</u> <u>1</u> <u>3</u> ) <u>3</u> <u>5</u> <u>8</u> - <u>2</u> <u>1</u> <u>5</u> <u>1</u>	H. EFFECTIVE DATE OF POLICY  <u>1</u> <u>1</u> / <u>0</u> <u>1</u> / <u>2</u> <u>0</u> <u>1</u> <u>6</u> Month Day Year	I. EXPIRATION DATE OF POLICY  <u>1</u> <u>1</u> / <u>0</u> <u>1</u> / <u>2</u> <u>0</u> <u>1</u> <u>7</u> Month Day Year

Signature of Agent

*6/1/2017*

Date

LICENSE NO.: 124001917

PART A:

Your renewal will not be processed unless you return the enclosed DE-INS insurance form completed by your authorized insurance agent evidencing coverage of no less than \$1,000,000 combined single limit. This form must indicate your name as it appears on this renewal form as the insured.

Fee Before: 5/31/2017 \$450.00 (See Payment Options Below.)

Fee After: 5/31/2017 \$500.00 (Includes Late Penalty Fee.)

PART C:

I understand that if I provide false/fraudulent information I could lose my license, be fined and/or have other penalties assessed. I also understand the FEES ARE NOT REFUNDABLE. Therefore, I declare that I have examined this form and, to the best of my knowledge, all statements are true, correct and complete.

Signature Required:



Email Required: george.bish@ring.com

SOCIAL SECURITY NUMBER: [REDACTED]

DAYTIME PHONE NUMBER: ( 704 ) 784-4776

My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee above, but in no event shall such reduction be made in an amount greater than \$50.

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\*\*\*\*\* AAA FOLD AND DETACH ON PERFORATION AAA \*\*\*\*\*

State Of Illinois  
Department of Financial and Professional Regulation

RENEWAL  
NOTICE FOR:

PRIVATE ALARM CONTRACTOR

**RENEWAL INSTRUCTIONS**

1. Check statement in Part A if you want to place your license in inactive status. Your license will be placed on "inactive status" immediately upon processing of your request. You are prohibited from practicing during the time your license is inactive.
2. Illinois law requires you to respond to the Child Support question in Part B. Licensees required to pay child support must certify on this renewal form to not being more than 30 days delinquent in complying with a child support order. If you are not subject to a child support order, answer "No."
3. Make any name or address changes on the reverse side of this form. Name changes must be accompanied by copies of one of the following: marriage certificate, divorce decree, court order, etc.
4. You must sign the application in the space provided and indicate your Social Security Number in Part C.

Failure to follow instructions will result in your license renewal being delayed. Practice after the expiration of your license shall constitute unlicensed practice which could result in civil/criminal penalties and discipline of your license.

**PAYMENT OPTIONS (Fees are NOT Refundable)**

CHECK/MONEY ORDER: Mail the upper portion of this renewal form along with the correct fee in the envelope provided. Only checks and money orders, payable to the DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION, will be accepted. Only checks drawn on United States Banks within the Federal Reserve are accepted. Mailed renewals typically require four to six weeks to process. DO NOT SEND CASH! Placement of a STOP PAYMENT on a check results in a \$50 fine.